

**SHELBY COUNTY BOARD OF COMMISSIONERS
AGENDA ROUTE SHEET**

Referred to Commission Committee: _____

For Commission Action on: _____

DESCRIPTION OF ITEM:

RESOLUTION TO APPROVE THE ACCEPTANCE OF THE AMERICAN RECOVERY AND REINVESTMENT ACT JUSTICE ASSISTANCE GRANT AWARD FOR THE WEST TENNESSEE DRUG TASK FORCE INTERDICTION ENHANCEMENT PROJECT IN THE AMOUNT OF \$340,000 TO AMEND THE OPERATING BUDGET, TO AMEND THE PERSONNEL BUDGET, AND TO APPROPRIATE SAID FUNDS. THIS RESOLUTION REQUIRES EXPENDITURE OF STATE GRANT FUNDS IN THE AMOUNT OF \$340,000.

SPONSORED BY COMMISSIONER SIDNEY CHISM.

CHECK ALL THAT APPLY BELOW:

_____ This Action does NOT require expenditure of funds.

 X This Item requires/approves expenditure of funds as follows (complete all that apply):

County General Funds: \$ _____; County CIP Funds- \$ _____

State Grant Funds: \$ _____; State Gas Tax Funds: \$ _____

Federal Grant Funds: \$ 340,000

Other funds (Specify source and amount): \$ _____

Other pass-thru funds (Specify source and amount): \$ _____

Originating Department: Shelby County District Attorney General's Office _____

APPROVAL:

Dept. Head: _____ \ _____ \ _____
(Type your name & phone #.) (Initials) (Date)

Elected Official: Priscilla C. Campbell 545-5955 \ _____ \ 08/19/09
(Type your name & phone #.) (Initials) (Date)

Division Director: _____ \ _____ \ _____
(Type your name & phone #.) (Initials) (Date)

CIP – A&F Director: _____ \ _____ \ _____
(Type your name & phone #.) (Initials) (Date)

Finance Dept. _____ \ _____ \ _____

(Type your name & phone #.)

(Initials)

(Date)

County Attorney:

(Type your name & phone #.) (Initials) (Date)

CAO/Mayor:

(Type your name & phone #.) (Initials) (Date)